



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

[www.dmas.virginia.gov](http://www.dmas.virginia.gov)

# MEDICAID MEMO

**TO:** All Outpatient Psychiatric, Outpatient Rehabilitation  
[including Comprehensive Outpatient Rehabilitation  
(CORF)], Durable Medical Equipment (DME), Orthotic,  
Home Health, Physicians, and Non-Emergency MRI,  
PET, and CAT Scan, Service Providers, and Managed  
Care Organizations Participating in the Virginia Medical  
Assistance Programs

**FROM:** Patrick W. Finnerty, Director  
Department of Medical Assistance Services

**MEMO:** Special

**DATE:** 1/10/2007

**SUBJECT:** Updates and Clarification of the Prior Authorization Process for Outpatient Services

The purpose of this memorandum is to provide periodic updates and clarification for the prior authorization (PA) process with Virginia Medicaid's PA contractor, Keystone Peer Review Organization (KePRO). This memorandum is one in a series of updates that will assist providers in obtaining PA-related information that will expedite the review process. We understand that some providers may still be experiencing delays, however, we are seeing progress in the correct submission of PAs by providers and in the number of PAs being processed by KePRO. We appreciate the provider input and suggestions given to us which have helped facilitate a greater understanding of providers' needs. We ask for your patience and understanding during this transition as we continue to improve upon the current process.

## **Timely Filing Requirements**

**Beginning January 1, 2007, timely submission for requests will again be applied and determinations will be made based on timeliness.** DMAS had extended the relaxed requirement of timely submission for PA requests through December 31, 2006. Regardless of the dates of service, timeliness applies for Outpatient Psychotherapy requests received at KePRO that date back to May 22, 2006; for Home Health, Durable Medical Equipment and Supplies (DME), Outpatient Rehab and Orthotic requests received at KePRO that date back to June 5, 2006; and for Non-Emergent Scans (NEOP) requests received at KePRO that date back to June 12, 2006. Please refer to DMAS' outpatient manuals and regulations regarding timely submission for PA.

### **Helpful Submission Tips for Quickest Processing**

Following are additional tips to expedite the processing of your request.

- If you have a question or concern regarding a specific case and know the case ID number, sending an e-mail to [providerissues@kepro.org](mailto:providerissues@kepro.org) is an option, as outlined below in the Resource Information Section of this memorandum. Please refrain from sending Protected Health Information (PHI) over the internet unless it is secure and encrypted.
- Whenever possible and practical, please fax one case at a time. When multiple faxes are submitted at one time through the fax machine, pages sometimes are skipped and KePRO does not receive all the information needed.
- For Outpatient Psychotherapy, if you have a current active authorization for an individual client and the client transfers to another provider, the authorization of the first provider that is transferring the case must be end-dated before the receiving provider may obtain authorization. This requires that a new PA request be submitted to KePRO for review under the receiving provider's identification number, and a change request be submitted to end the authorization under the transferring provider's identification number to prevent overlap.
- On the DMAS 363 (Outpatient Prior Authorization Request Form), when requesting Outpatient Psychotherapy, please confirm when the plan of care was last updated by a licensed mental health provider. This information should be included under the additional comments section in locator #16.
- For Outpatient Scans, when calling from the provider's office please submit the provider identification number for the requesting provider. Also, when a provider calls in to request authorization for scans, it is essential that all information is readily available before calling. Essential information for quick processing includes diagnosis codes, CPT codes, servicing provider number and clinical information.
- When requesting an evaluation please allow a 30-day timeframe to ensure that if the patient needs to reschedule, the provider will not have to call back and request to change the date.
- Please remember to fill out locator numbers 25 and 26 on the DMAS 363 (Outpatient Prior Authorization Request Form). When a contact name and phone number is provided it expedites the call back for additional information that may be needed.
- To prevent illegible receipt of information with requests, providers are encouraged to use the editable versions of the DMAS 363 (Outpatient Prior Authorization Request Form) for submission of your outpatient request. This form and instructions for use are located under "forms" on KePRO's website <http://dmas.kepro.org>

### **Resource Information**

- Use the DMAS 363 (Outpatient Prior Authorization Request Form) for submitting outpatient requests. This form and the instructions for using the form are located under “forms” on KePRO’s website <http://dmas.kepro.org> or [www.dmas.virginia.gov/pr-prior\\_authorization.htm](http://www.dmas.virginia.gov/pr-prior_authorization.htm).
- Should you have any questions regarding the prior authorization process, please send your inquiries via e-mail to [providerissues@kepro.org](mailto:providerissues@kepro.org) or [PAUR06@dmas.virginia.gov](mailto:PAUR06@dmas.virginia.gov). Remember do not send PHI by e-mail unless it is sent via a secure encrypted e-mail submission.
- All other Medicaid provider issues not related to prior authorization should be addressed through the Provider Helpline. The numbers are 1-800-552-8627 if you are located out-of-state or 804-786-6273 if you are located in Richmond.

<b><u>KePRO Contact Information</u></b> You may contact KePRO through the following methods:  <b>iEXCHANGE:</b> <a href="http://dmas.kepro.org/">http://dmas.kepro.org/</a> <b>Toll Free Phone:</b> 1-888-VAPAUTH (1-888-827-2884) <b>Local Phone:</b> (804) 622-8900 <b>Fax:</b> 1-877-OKBYFAX (1-877-652-9329) <b>Mail:</b> 2810 N. Parham Road, Suite 305, Richmond, VA 23294 <b>Provider Issues:</b> <a href="mailto:ProviderIssues@kepro.org">ProviderIssues@kepro.org</a>	<b><u>DMAS and KePRO Website Resources</u></b> <i>The following resources are available on the DMAS and KePRO websites:</i>  1. iEXCHANGE Registration information 2. ICD9 diagnosis codes, outpatient rehab and home health revenue codes, and radiological scan procedure codes 3. Recent PA provider training presentations 4. Prior Medicaid Memos 5. PA Fax Request Forms and Instructions 6. PA Reference Guides 7. KePRO “Insider” Provider newsletter
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#### **Alternate Methods to Obtain PA, Eligibility and Claims Status Information**

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access prior authorization information including status via iEXCHANGE at <http://dmas.kepro.org/>.

#### **COPIES OF MANUALS**

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov). Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the

various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not

have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

**PROVIDER E-NEWSLETTER SIGN-UP**

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at: [www.dmas.virginia.gov/pr-provider\\_newletter.asp](http://www.dmas.virginia.gov/pr-provider_newletter.asp).

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.